

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037687

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1164

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 17 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Joseph

Length of stay in 1b

1 day

c. CITY

OR
TOWN

St. Joseph

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION D.O.A. Thompson-Brumm Clinic

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

R. R. #4

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

JOSEPH

Middle

MICHAEL

Last

CURRAN

4. DATE

Month

Day

Year

OF
DEATH

October 14, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/29/1918

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (City and state or country)

Buchanan County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Curran

13b. MOTHER'S MAIDEN NAME

Minnie Draut

14. NAME OF HUSBAND OR WIFE

Wilma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W. W. II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Wilma Curran, R. R. #4, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary embolism

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

occlusion of coronary artery at base

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

attacked while visiting at King City Mo

20c. TIME OF INJURY

Hour

p.m.

Month, Day, Year

10/14/62 King City Mo

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

King City

Mo.

21. I attended the deceased from

6:30 p.

and last saw him alive on 10/14/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. M. Coroner

22b. ADDRESS

22c. DATE SIGNED

10/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10/17/1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Heston-Bauman

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

10-17-62

26. REGISTRAR'S SIGNATURE

Huntard Wilma M. D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

15117

25110

3

4 0

5 1

6

7 0

8 2

9 420-1

10

11

12 4-3

13 1-1

OCT 30 1962

OCT 23 1962

Permit issued 10/10/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.